

## Workers' Compensation Wage Statement

To: \_\_\_\_\_

From: \_\_\_\_\_

Claim No.: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Please send wage verification on \_\_\_\_\_ for 13 weeks prior to the injury date listed above. Please use the following guidelines for wage verification:

1. If paid hourly, show the hourly rate paid, number of hours worked at straight time, number of overtime hours worked, and gross pay.
2. If the employee is salaried, please advise the salary rate.
3. If the employee is paid strictly on a commission basis, please itemize gross pay, by pay period.
4. If the employee is paid a shift differential, please note the base hourly rate below and provide the amount of the shift differential in the other information section provided at the bottom of the page.
5. Fax the completed wage statement to 515-327-4899.

Pay Period (Dates)	Regular Hours	Overtime Hours	Regular Rate	Gross Wages

**Other Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call \_\_\_\_\_ at Sedgwick CMS, (515) 327-4888 or toll free outside the Des Moines area: 1-866-342-3920.